

Accidents, Illness, Medication & First Aid Policy and Procedures

Contents

- 1. Delegated authority**
- 2. Illness**
- 3. Accidents and Incidents**
- 4. Injuries and First Aid**
- 5. Medical emergencies**
- 6. Immunisation**
- 7. Children with complex health needs**
- 8. Prescribed medication**
- 9. Home remedies**
- 10. Administration of medication**
- 11. Storage of medication**
- 12. Disposal of medication**

1. Delegated authority

In order to safeguard and promote the child's welfare, it is important that foster parents have the authority to make day to day decisions about medical treatment and receive the required training to do so.

Delegated authority in relation to medication and medical decisions will be discussed, agreed and recorded in the Placement Plan and the foster parent will be given a copy of this so that they are clear what they can and cannot consent to. Certain decisions will be retained by the local authority and/or parent.

If a young person has been judged to be competent to manage their own health care and medication, often known as 'Gillick competent' (with reference to the 'Fraser

Guidelines' for sexual health services), this should be clearly stated in the Placement Plan, and any monitoring requirements by the foster parent agreed and recorded in the young person's Risk Assessment and Safer Care Plan.

Foster parents will receive mandatory training in relation to the management and administration of medication, and must attend a First Aid training course at least every 3 years.

2. Illness

All children will experience illness from time to time, and this will usually only involve care and attention at home. There may be times, however, when you need to consult a doctor about an illness, or take a child to hospital.

a. Minor illness treated at home

Minor illnesses may be treated at home under delegated authority arrangements. See *section 9 (Home Remedies)*

Recording: The foster parent must record any medication given using the significant monitoring event progress line *ME10 – Non-Prescribed Medication*.

b. Illnesses requiring GP consultation

If a GP appointment is required for a child, the foster parent may make this under delegated authority arrangements.

Recording: The foster parent must record this using the Charms progress line '*GP appointment*'. The record should include brief but clear details of the nature of the illness and the outcome of the appointment, including any follow-up required.

If any medication is prescribed, this must be recorded on Charms separately. See section 10 (Prescribed Medication)

c. Illness requiring hospital care

If a child is taken to A&E, or referred to hospital by the GP or other health professional, the foster parent should call their local ISP office/Out of Hours service to notify them of the situation and receive advice.

ISP will notify the child's local authority.

Foster parents might not be able to give consent to medical treatment at hospital, (e.g. if anaesthetic or surgery is required) and in this circumstance,

the hospital will obtain consent from the local authority, or act within their own powers.

Recording: Non-serious illnesses that required hospital care (**less than 24 hours**) should be logged using the significant monitoring event progress line *ME08 – Monitoring Event – Accidents, injuries and illness*. Depending upon circumstances, this may be done by the foster parent or ISP.

ISP is required to notify Ofsted of any serious illnesses and will make the notifiable event record (*NE03 – Notifiable Event – Serious Illness or Accident*)
N.B. Serious illness would include life threatening/life limiting illness, notifiable diseases, or hospital admission for more than 24 hours.

If any medication is prescribed when the child is discharged from hospital, the foster parent must record this on Charms using the significant monitoring event progress line *ME09 – Prescribed Medication*. See Section 10 (Prescribed Medication)

3. Accidents and Incidents

An accident is an unplanned and uncontrolled event that results in injury or harm.

Foster parents must report *all* accidents that impact a child in their care to ISP:

- Accidents that involved the police or any examination or treatment by a health professional must be reported immediately to ISP by telephone (regional office or Out of Hours service).
- Minor accidents must be reported to the supervising social worker.

ISP will notify the child or young person's local authority accordingly. In the event of physical injury arising from an accident, the agency will ask the foster parent to complete the 'Accident Form with Body Map' (see annex 1). Available separately in Charms document store).

Recording: Non-serious accidents should be logged using the significant monitoring event progress line *ME08 – Monitoring Event – Accidents, injuries and illness*. Depending upon circumstances, this may be done by the foster parent or ISP.

ISP is required to notify Ofsted of any serious accidents and will make the notifiable event record (*NE03 – Notifiable Event – Serious Illness or Accident*)
N.B. Serious accidents would include broken bones, head injury, loss of consciousness or admission to hospital for more than 24 hours.

ISP will also record serious accidents on the Risk Portal for internal discussion, monitoring and senior leadership oversight.

An incident is an unplanned and uncontrolled event that could have resulted in an accident (sometimes referred to as a 'near miss').

Foster parents must report all such incidents to ISP:

- Incidents that involved the police or any examination by a health professional should also be reported immediately to ISP by telephone (regional office or Out of Hours service)
- Minor incidents must be reported to the supervising social worker.

ISP will notify the child or young person's local authority accordingly and the supervising social worker will discuss the incident with the foster parent in order to understand what happened and how it may be prevented in future, and to offer support to the family.

Recording: The foster parent should record the incident on the child's Charms record using the progress line '*incident*'. The record should include a clear explanation of what happened and how the child or young person has been supported to understand the incident and feel safe after the event.

Should the incident fall within the remit of a significant (monitoring or notifiable) event category, ISP will complete the necessary report.

ISP will record serious incidents on the Risk Portal for internal discussion, monitoring and senior leadership oversight.

4. Injuries and First Aid

Minor injuries may be treated at home, with the use of an approved First Aid kit. It is a requirement for foster parents to attend First Aid training at least every 3 years.

Fully equipped First Aid boxes must be kept in the foster home and in each vehicle used to carry children.

If deemed appropriate, children may administer their own First Aid treatment under the supervision of their foster parent. If children are not deemed capable, then treatment must be given by the foster parent.

Professional attention must be sought if the injury is more severe or is not relieved with First Aid treatment by the foster parent. The foster parent should assess the situation and, in a medical emergency, call 999 or take the child to hospital.

N.B. See section 3 (Accidents and Incidents) for reporting and recording requirements.

5. Medical emergencies

In a medical emergency, foster parents must call 999 and follow instructions given.

Before the emergency services arrive:

- Do not move the casualty.
- Try to clarify how the emergency has occurred.
- Keep hold of any drugs/substances that may have caused the emergency so that they can be shown to the emergency services.
- Do not induce vomiting.
- Keep the casualty calm and warm and observe them for any change in their condition.
- If the casualty is unconscious, ensure they can breathe and put them in the recovery position.
- Do not move them if they have had a fall as it may lead to spinal injury or other serious harm.
- Do not give anything by mouth.
- Do not try to make them sit or stand.
- Do not leave them unattended or in the charge of a child.

For needle stick (sharps) injuries:

- Encourage the wound to bleed. Do not suck wounds.
- Wash wounds with soap and water. Dry and apply a waterproof dressing.
- If the needle may have been used, seek advice from a doctor.

When medical assistance arrives, pass on any available information, including drugs/substances found.

No further action, beyond making the situation safe and attempting to confiscate harmful drugs or substances, should be taken without authorisation from the supervising social worker or an ISP manager, preferably in consultation with the child's social worker.

Foster parents should notify ISP of the medical emergency as soon as medical help has arrived to take over the care of the child/young person (regional centre or Out of Hours Service). ISP will notify the child's social worker and make a record of the event.

6. Immunisation

When a child is taken into local authority care, the initial Health Assessment will identify any gaps in their immunisation history and the foster parent may be asked to arrange the necessary vaccinations through the child's GP. Consent to vaccination is not usually delegated to foster parents.

As the child reaches the age for additional vaccinations, the foster parent may receive invitations through the child's school and will need to refer these to the child's social worker for the necessary consent and arrangements to be made.

Recording: The foster parent must record immunisations given on the child's Charms record using the progress line '*immunisation*'.

7. Children with complex health needs

Children who have complex health needs may require invasive personal care and this must be discussed, agreed and recorded in their Placement Plan, together with consent and any training requirements for the invasive personal care, and any requirement for it to be undertaken with two adults being present.

An invasive personal care practice is a required act of caring which involves an invasion of a person's body. Examples of invasive care can include injections or the insertion of a tube.

There are two types of situations in which foster parents may need to give invasive personal care:

- **Routine administration** – the young person needs invasive care on a regular basis, e.g. catheterisation, insulin injections, tube feeding, administering medicine via gastrostomy.
- **Predictable emergencies** – where it is likely that a medical emergency will arise at some time and invasive care will be needed to deal with it, e.g. rectal medication for epilepsy or 'EpiPen' for anaphylactic shock.

N.B. In an unforeseen medical emergency, foster parents must seek the advice of a health professional e.g. by calling the GP/999 and following instructions given. See Section 5 (Medical Emergencies).

8. Prescribed medication

If the child is taking prescribed medication at the time of placement, the foster parent should be notified before the placement begins of the medication that the child is taking and the reasons why. When the child arrives at placement, the foster parent should be provided with the medication in its original container, clearly marked with the child's name, the dosage, and administrative instructions. In any case where the foster parent has concerns about the medication or needs clarification about dosage, they must ask for clarification from the child's GP.

If a child is prescribed medication during the placement, foster parents should check when collecting the medication from the pharmacy that it is clearly labelled with the child's name and that the dosage instructions are clear. Prescribed medication must be administered in accordance with the prescriber's instructions and any concerns with regard to this should be referred to the prescriber for clarification.

The foster parent should familiarise themselves with the possible side effects of the medication, as listed on the enclosed leaflet, and ensure that any adverse signs and symptoms are reported to the prescriber without delay and notified to ISP.

Prescribed medication should always be kept in the original container, clearly marked with the child's name and dosage instructions. They should only ever be administered to the named child and in accordance with the prescriber's instructions.

Special note: controlled drugs

The Misuse of Drugs Act 1971 classifies controlled drugs into classes A, B and C. According to the potential for harm they are thought to present to individuals and society if they are misused. If a child is prescribed a controlled drug, special care must be taken. They must always, without exception, be stored in a locked container and each dose administered must be supervised and clearly logged. Any unused medication must be returned to the pharmacy.

Recording:

The foster parent must record all prescribed medication on the child's Charms record (*ME09 – Prescribed Medication*).

When the medication is prescribed for a short period of time, individual doses should be recorded in the same Charms record, and an end-date logged when the medication has finished.

Daily doses of long-term medication can be noted in the foster parent's *Daily Log*, and the progress line updated in the event of any changes to the condition or medication.

In addition, the regional centre should make a record of the long-term health condition and medication on the child's Charms record (Personal Details – Health).

9. Home remedies

Home remedies are medicines available without prescription at community pharmacies and retail outlets. These medicines may be used to treat minor ailments at home without consultation with a medical practitioner.

Home remedies may be given to the child with the consent of the local authority and/or parent (as recorded in the Placement Plan), or with the consent of the young person when they are over 16.

If the child is taking any prescribed medication, home remedies must not be given without consulting with the GP or pharmacist to ensure that no adverse reactions are likely to result from the particular combination.

Home remedies should only be given for a maximum of 3 days before seeking advice from the GP. If symptoms do not respond to the medication during this time, or worsen, the GP/NHS 111 should be contacted for advice immediately.

Where children are deemed to be capable of administering home remedies themselves, care must be taken to ensure that they take the medicine as required, in the presence of the foster parent. Agreed monitoring arrangements should be recorded in the young person's Risk Assessment and Safer Care Plan.

Special notes:

- **Aspirin:** while this may be purchased without prescription, it may not be given to a child unless prescribed by a medical practitioner.
- **Paracetamol and ibuprofen:** The NHS does not recommend giving children both paracetamol and ibuprofen at the same time, unless directed by a medical practitioner. The current advice is that if you have given one of these medications, and the child is still in pain or distress before the next dose is due, to try the other medication instead. If neither medication alone is effective, you must contact the GP/NHS 111 for advice.
- **Ibuprofen and other medications:** The NHS recommends checking with a pharmacist before giving ibuprofen to children who are taking any prescription medication.
(<https://www.nhs.uk/medicines/ibuprofen-for-children/taking-ibuprofen-for-children-with-other-medicines-and-herbal-supplements/>)

Recording:

The foster parent must record all home remedies on the child's Charms record (*ME10 – Non-prescribed Medication*).

Individual doses should be recorded in the notes box.

An end-date should be logged when the child has recovered.

10. Administration of medication**I. Self-administration by a young person**

If the young person is permitted to administer their own medication, this should be recorded in the Placement Plan, together with the agreed arrangements for the proper storage of the medication and how the foster parent should monitor whether it is being taken appropriately. The arrangements should also be recorded in the young person's Risk Assessment and Safer Care Plan, and reviewed regularly to ensure the young person's wellbeing, and that no other child in placement is at risk of harm.

Issues to consider include:

- Is the young person taking their medication regularly and at the correct time?
- Are they storing their medication appropriately and safely?
- Could the medication be taken by other children in the home?

If there are concerns that a young person is not taking their medication appropriately then the arrangements should be reviewed.

II. Administration by a foster parent

Medication must always be administered in accordance with the prescriber's instructions, or as advised on the packet.

Before giving medication, checks should take place to ensure that it is the correct medicine and that it is within the expiry date.

If a child refuses to take their medication, this must be reported to ISP and recorded in the medication records. Foster parents will be advised to seek advice and support from the GP/NHS 111. Any errors in the administration of

medication, or adverse reactions, must also be reported, recorded and advice sought from the GP/NHS 111.

Children should be encouraged to apply topical creams for skin conditions themselves, under supervision.

11. Storage of medication

A small amount of non-prescribed medication can be stored within the home, e.g. paracetamol for pain or raised temperature, cough medicine and antihistamine. These medicines must be stored alongside any prescribed medication.

As required under statutory guidance, all medication must be stored securely and safely, inaccessible to the foster child (unless it has been agreed that the young person is capable of managing their own medication).

Unless agreed otherwise by the supervising social worker and the child's local authority, and recorded in the Placement Plan and Risk Assessment, all medication must be stored in a locked cupboard.

12. Disposal of medication

Medication should be disposed of when:

- The expiry date has been reached
- The course of treatment is completed
- A medical practitioner discontinues the medication

All medication stored at home, when no longer needed, should be returned to a pharmacy for safe disposal. Medicine must not be disposed of in the household waste.

In the event of a child's death, any medication being taken by the child must be retained in order that it can be made available to the coroner on request.

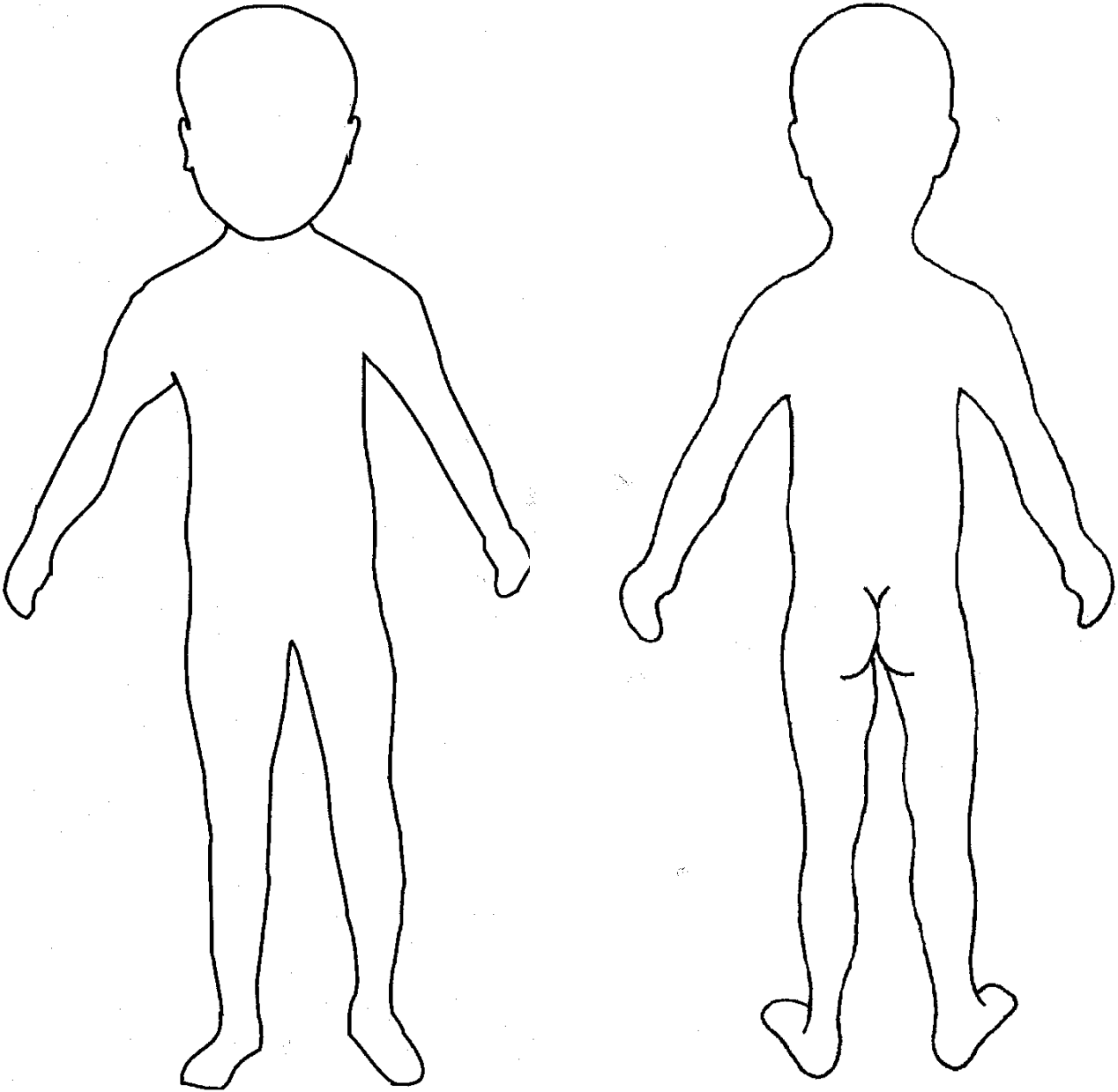
Accident Form with Body Maps

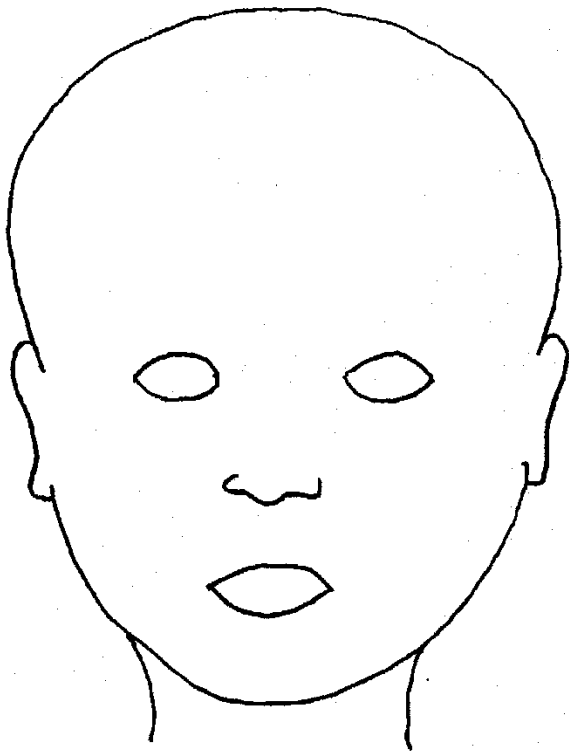
Name of child	
Name of person completing this form	
Date and time of injury	
Where did the injury take place?	
Who was with the child at the time?	
Describe the injury (include location, size and shape, any swelling, blistering or bleeding)	
Is the child in pain?	
Is the child's mobility restricted as a result of the injury?	
What first aid/treatment has been provided	
Is there any follow-up treatment required?	

Please use the Body Maps to document and illustrate the child's physical injuries.

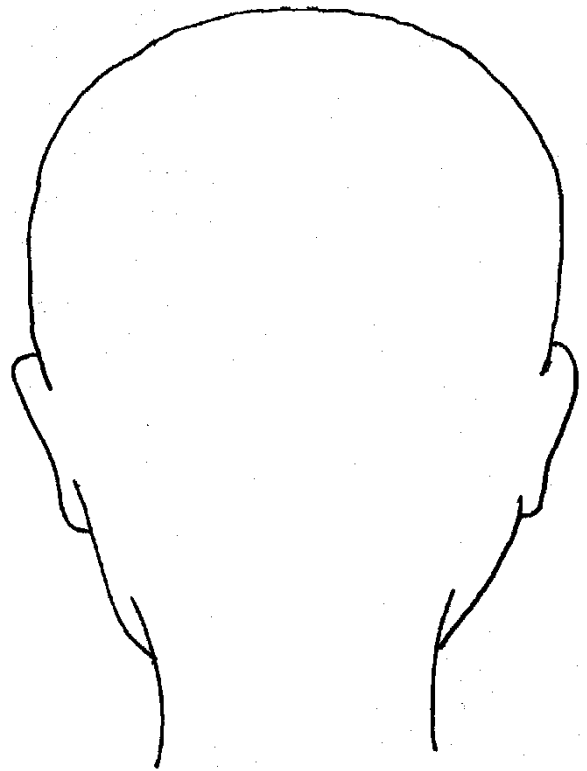
Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

BODYMAP

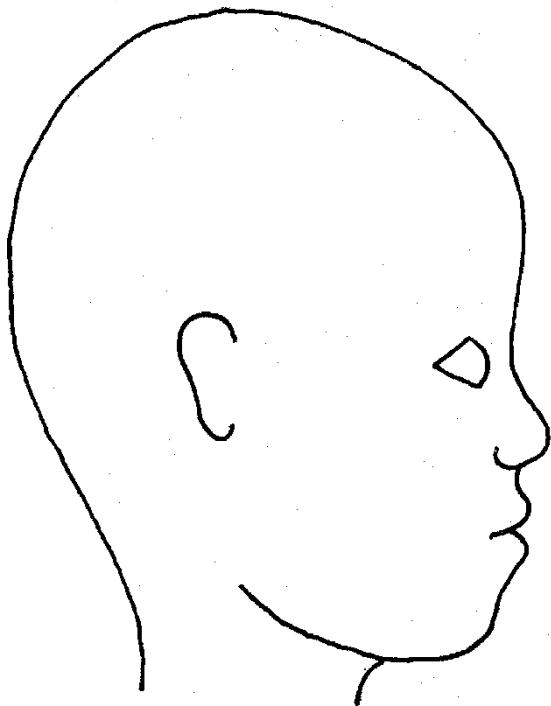




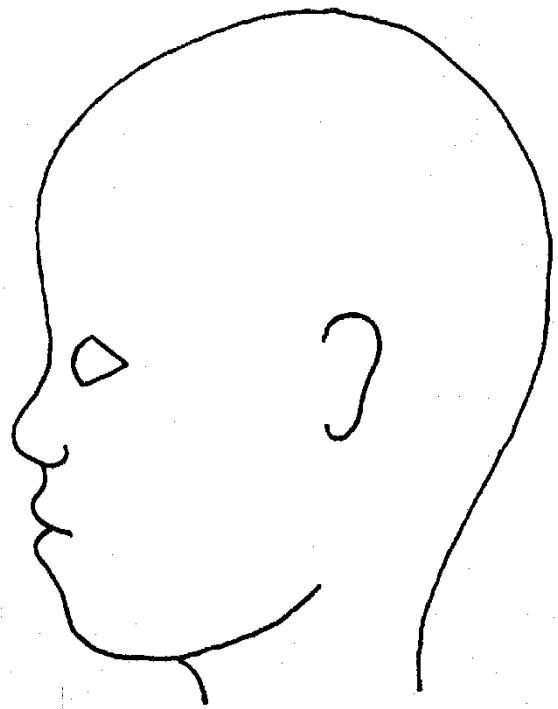
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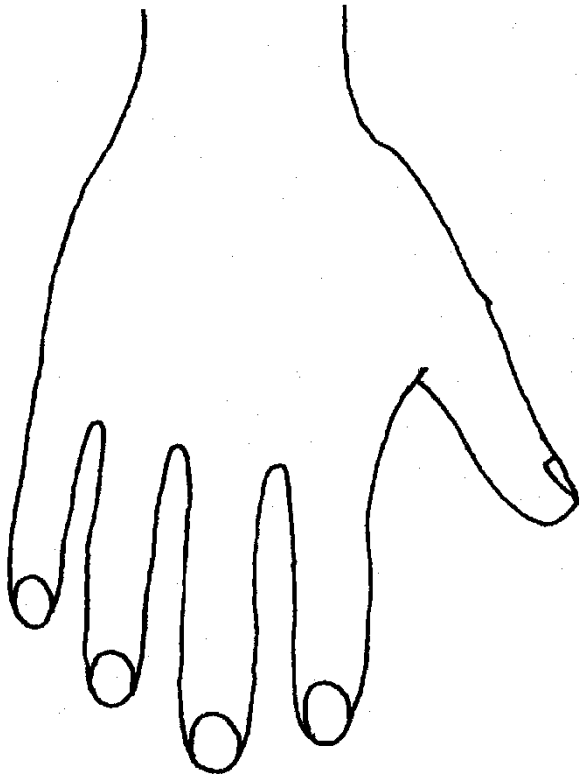
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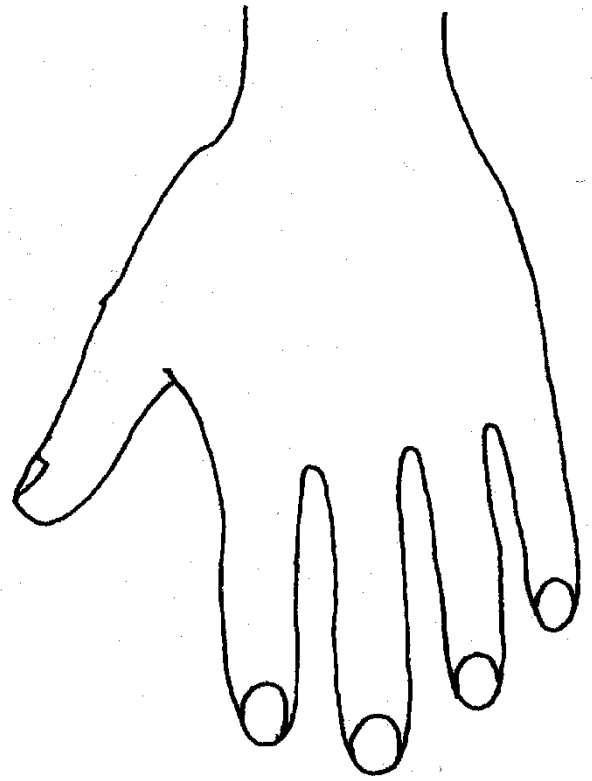
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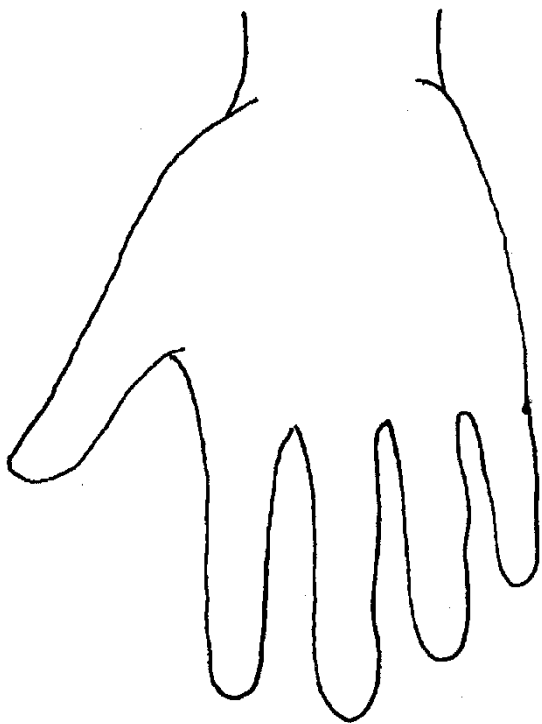


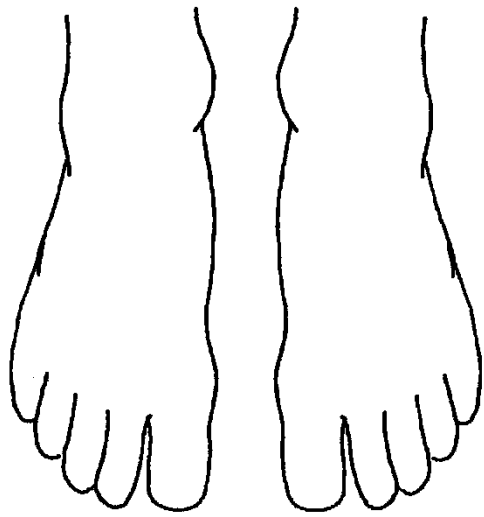
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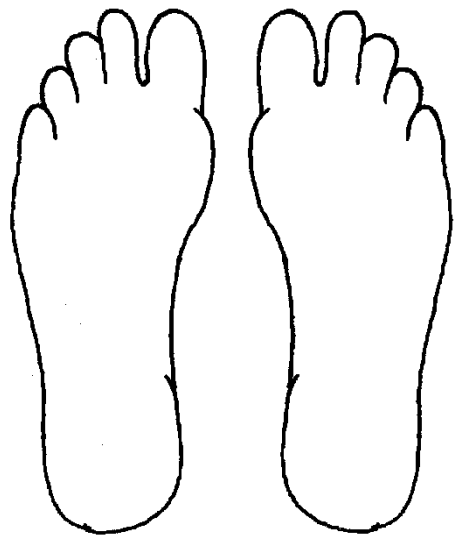
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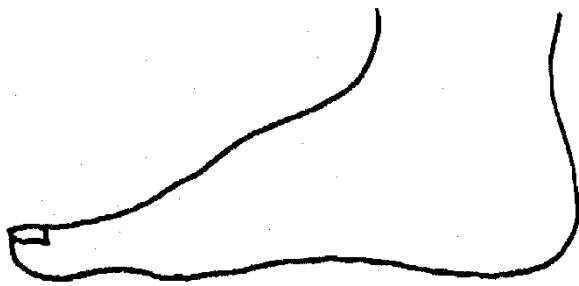




R TOP L

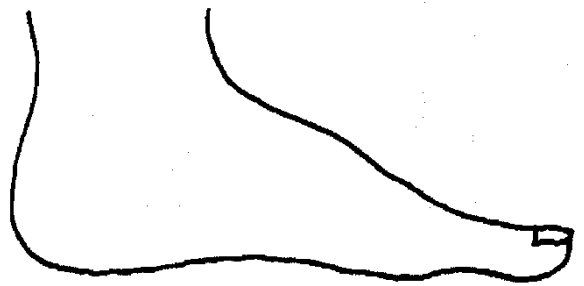


R BOTTOM L



R

INNER



L



R

OUTER



L